

CHOPIN YOUNG MUSICIANS CLUB  
MEMBERSHIP FORM

(Please print clearly)

TIME PERIOD: 202\_\_ -- 202\_\_

STUDENT'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SCHOOL AND GRADE: \_\_\_\_\_

INSTRUMENT (for voice, please indicate range): \_\_\_\_\_

\_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_

PARENT'S PHONE NUMBER and EMAIL ADDRESS: \_\_\_\_\_

\_\_\_\_\_

NAME and PHONE NUMBER or EMAIL OF PRIVATE TEACHER:

\_\_\_\_\_

DUES PAID (\$10.00) YES \_\_\_\_\_ NO \_\_\_\_\_